

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

PHYSICIANS MUTUAL INSURANCE COMPANY

SCC ID NO: **F0192957**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 DODGE ST

CITY/ST/ZIP: OMAHA, NE 68131-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

☐

DIRECTOR

NAME: NANCY KING MALOY
TITLE: SR V Pres
ADDRESS: 2600 DODGE
CITY/ST/ZIP/CO: OMAHA, NE 68131-

☒

OFFICER

☒

DIRECTOR

NAME: R A REED
TITLE: PRESIDENT
ADDRESS: 2600 DODGE
CITY/ST/ZIP/CO: OMAHA, NE 68131-

☐

OFFICER

☒

DIRECTOR

NAME: WILLIAM R HAMSA, M.D.
TITLE: CHAIRMAN OF BD
ADDRESS: 2600 DODGE ST
CITY/ST/ZIP/CO: OMAHA, NE 68131-

☒

OFFICER

☒

DIRECTOR

NAME: ROBERT ALLEN REED JR
TITLE: ASST SECRETARY
ADDRESS: 2600 DODGE STREET
CITY/ST/ZIP/CO: OMAHA, NE 68131-

☐

OFFICER

☒

DIRECTOR

NAME: JAMES T CANEDY, MD
TITLE: Secretary
ADDRESS: 2600 DODGE STREET
CITY/ST/ZIP/CO: OMAHA, NE 68131-

NAME:	DONALD J PAVELKA, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Medical Directo		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	DALE E BRETT, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Treasurer		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	BENJAMIN T BALDWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MELISSA J CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	ROBERT L GUNIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	ANN M FROHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	STEVEN A SCANLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL J TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL J WADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHERYL M BABCOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME:	BRICE A BALLARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	CONNIE J BELLOWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL V CARSTENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	GRANT J CHRISTENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	JOHN C CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	HOWARD G DAUBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MIKE J EBELING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	GREGORY P HOPKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	EDWARD J KASPAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	STEVEN E KONNATH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME:	PHILLIP J KRESKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	ROGER J MOELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	EDWARD J MULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MARK S NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHANE D PARSHALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	JANE R PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHAWN S POLLOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	FREDERICK T RAHN, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	KATHERINE M ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	TIMOTHY J CONNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst Vice Pres		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSE M EARLYWINE Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M HAHN Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R HUGHES Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E LEHMAN Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRY R MONICO Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E PETERS Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W PETERSON Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R REED Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT A RICKE Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERI A SMITH Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA L WALTON Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID P WOODS Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN M MACUSO, MD Asst Med Direct 2600 DODGE STREET OMAHA, NE 68131-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D WOODBURY, MD Asst Med Direct 2600 DODGE STREET OMAHA, NE 68131-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RHONDA K AHRENS Asst Vice Pres 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RHONDA K AHRENS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		RHONDA K AHRENS, Asst Vice Pres PRINTED NAME AND CORPORATE TITLE	
		11/16/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			